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E ENTREVING	NFORMATION:	1977		767.00 W 2000 (1986)			ne William (See	A 170 194 \$70 80
ME WE				BCN	DYS NUMBER		TYPE OF PLA	СЕМЕМТ
LACENSENT ADDRES	S (STREET, CITY, STATE	, ZIP CODE)					DATE OF CU	STODY
failing Address (S	TAEET, CITY, STATE, ZIF	CODE)						
DATE OF BIATH		SOCIAL SECURITY NU	MBER	RACE -	SEX		STATE OF BI	RTH
CSW/DYS/JUV. CT. WO	DRKER	3	SUPERVISOR	A CONTRACTOR OF THE CONTRACTOR	TELEPHONE NUMBER	,	COUNTY	
	EIMEURSABILIT							
 Was the child were initiated 		DC or any type	of public ass	sistance in the month of	court proceeding	-	Yes	□ No
÷AME	-/		**************************************	TYPE		CASE NUM	BER	
. Were both pa	arents in the remo	val home during	the month th	ne petition was filed?	NAME OF PARENT AB	SENT FROM	N HOME	,
or unemploy	ed during the mo	ith the petition w	as filed, or h	s disabled, deceased, ad TPR occurred?	NAME OF PARENT UNEMPLOYED OR FOR	T MOHW F		
				ED, PLEASE ANSWER				
24 months. 100 hours p	Is the primary ver month?	vage earner une	mployed or	arnings over the last employed less than No	NAME OF PRIMARY W	AGE EARN	ER	
•	age 15 or older, i	HETOTO			☐ Yes] No	□ N/A
Miner	attendance: 18 and in school,	LI Full-Time	**************************************	rt-Time eta the course	LJ (98			L. 197A
of study by a	ge 19? duation date:	. / /			☐ Yes	C] No	□ N/A
. Was the child were initiated		or both parents	during the m	onth the court proceed	dings Nes		J No	
				to the month court pr gements prior to place				
FROM	TO	RELATIONSHIP	·*************************************	NAN	TE AND ADDRES	SS		
	} ;	3						
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	(CSHVV							
	-	7						
				PADOCERONICATION IN THE PADOCE				

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	USEHOLD MEME NAME		SOCIAL SECURITY NO	D. BIATHDATE		RELATIONSHIP			**
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			- Water State Of the Park	AS DEMOVED					<u> </u>
INDICATE PAR	ENT(S)/GUARDIAN	(S) FROM	A WHOM THE CHILD W emoved receiving ado	ntion support paym	ents	(***)			
i. Is the nome i on behalf of	irom which me ci: the child?	nu was i	9110440 (eceivilà ece	brion zapport bal			Yes	! لــا !	NO
	nild expect an inhe	ritance (or settlement?	MAGAZON			Yes		No
Idii adda	L:	ut iba ac	into or cuit					· · · · · · · · · · · · ·	
INANCIAL RES	OURCES FOR ALL	HOUSE	HOLD MEMBERS IN T	HE REMOVAL HOME	IN THE MONT	H THE COURT	PETITIO	N WAS	FILE
11. SOURCE	BALANCE		OWNER	BAN	NAME AND	ADDHESS	1 1	rccon	HALIN
CASH									
CHECKING/ SAVINGS							1		
AVII4GS					······································	,		·	
RA/CD									
STOCKS/									
BONDS					4C				
TRUST									
ACCOUNT			CHANCE TO THE OWNER OF THE OWNER OWNE						
OTHER		1					1		-
t2 Does anvoi	ne own any real es	tate oth	er than their home?	OZOMINIMO DO PORTO DE LA CONTRACTOR DE L		prome			
If yes, plea:	se list:						Yes		No
VALUE/AMOUNT OW		OWNER			LOCATION				
			Name						
VALUE/AMQUNT OW	NED	OWNER			LOCATION				
				er s					
13. VEHICLE	5.FG	OWNERS	E (NO OWNED VEHICL	<u> </u>	MODEL	MAKE		YEAR	
VALUE/AMOUNT OW	MED	Guneras	f						
VALUE/AMOUNT OW	/NED	OWNER(S		***************************************	MCDEL	MAKE		YEAR -	
			•						
14, INCOME (OTHER THAN WA	GES FA	OM EMPLOYMENT)						
	FOSTER CHIL		MOTHER D STEP	FATHER D STEE	SIBI	LING		SIBLING	3
SOURCE	FUSIER UNIL	<i></i>					·····		
OASDI		<u></u> w		· · · · · · · · · · · · · · · · · · ·				~~~~	
SSI*	<u> </u>		Lancon			<u> </u>			
VA			NAME OF THE PERSON OF THE PERS	- Luaxon on Line 300 monorari					
R8									
PENSION									
MILITARY									
CHILD SUP.				LUNGWINGTON, LANGUAGE		<u></u>	<u> </u>		
			1	1		į.			
OTHER			CT. CHILD'S PAYEE FOR THE	NAME			TYPE OF B	EMERIT	

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16. CURRENT	MPLOYER/	WAGES									
·	FROM	TO	EMPLO	ER NAME A	NO ADDRE	SS	WAG	ES	FREQUENCY		
FONTER CHILD		The state of the s									
₹									000 D77A2392A-		
FATHER			A PARTY TO THE TOTAL OF THE TOT		**************************************	· .	,				
STEP	Service Control of the Control of th	i vi	HTTONIA COLOR TO THE POST OF T								
SIBLING					- No.						
SIBLING		<u> </u>		***************************************		30-1104-1111-111-111-111-11-11-11-11-11-11-11-					
17. Is the child a	u.S. citizer	or legal alier	17		,,			Yeş	□ No		
B. MARITAL IN	IFORMATIO	N - COMPLE	TE ON MOTHER AN	D FATHER	IF APPLI	CABLE		······································			
Check, if never	married:	CI Mother	☐ Father				>				
	om mother v	vas married a	t the time of the child	's conception	on and bir	h:					
NAME						□ снес	K BÓX, IF UN	KNOWN			
ADDRESS	······································					- Land					
A CONTRACTOR OF THE CONTRACTOR			•			CHEC	K BOX, IF UN	KNOWN	The second secon		
DATE OF MARRIAGE			HECK BOX, IF UNKNOWN	ATZ	TE AND COUN	тү 🔲 снес	X BOX, IF UN	IKNOWN			
C LEGAL (COU	RT) SEPARATION		HECK BOX, IF UNKNOWN	STA	TE AND GOUN	TY CHEC	K BOX, IF UN	KNOWN	:		
DATE OF DIVORCE		[] ci	HECK BOX, IF UNKNOWN	STA	TE AND COUN	TY CHEC	K BOX, IF UN	IKNOWN			
is there a juven	ile order for	blood testing	; for any of the partic	as? 🔲	Yes 🔲	No If yes, p	lease atta	ach a co	py of the order.		
19. ABSENT PAR	ENT INFORM	IATION (INCLI	JDES PARENT(S) IN TI LL POSSIBLE FATHER	HE REMOVA S)	L HOME)	ATTACH C	OPY OF A				
NAME	Harametine Herekhammen	A STATE OF THE PROPERTY OF THE		RACE	SEX	DATE OF BIRTH			CURITY NUMBER		
ADDRESS (STREET, C	TY, STATE, ZIP C	ODEj		1	ł	<u></u>		TELEPHON	IE NUMBER		
EMPLOYER NAME								TELEPHONE NUMBER			
ACDRESS (STREET, C	ITY, STATE, ZIP C	QQE;				<u> </u>					
HEALTH INSURANCE	NAME		HHWINI-HAD GINNEN CONTROL TO THE CONTROL THE CONTROL TO THE CONTRO		0000 11111100 29-00	POLICY NUMBER	· · · · · · · · · · · · · · · · · · ·				
NAME		manadod i čeroveno nameć manade nač		RACE	SEX	DATE OF BIRTH		SOCIAL SE	CURITY NUMBER		
ACORESS (STREET, C	ITY, STATE, ZIP C	:ODE)		1		<u></u>		TELEPHON	не мимвея		
EMPLOYER NAME	045.0 51.5 1144000414		W. W	·····				TELEPHON	KE NUMBER		
(STREET, C	ITY, STATE, ZIP C	0061		-0M5EAST							
HEALTH INSURANCE	<u></u>	annennen semminnesenandresenbätis äl		worn		POLICY NUMBER					

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NAME	RACE	SEX DATE OF BIRTH	SOCIAL SECURITY NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)	l]	TELEPHONE NUMBER
EMPLOYER NAME	- H	7777	TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE)			
AUDRESS (STREET, CITT, STRIE, EF CODE)			•
HEALTH INSURANCE NAME	THE PARTY OF THE P	POLICY NUMBER	
20. IF FOSTER CHILD DOES NOT RECEIVE SSI, PLEA	SE COMPLETE:	MOSTFORM CONTROL CONTR	
PRIORITY 1 Children in residential or group care, career diversion or children with multiple placement such as ADHD, learning disabilities, newborn An SSI application will be made for the major	ts (e.g., 6 within la is whom were bori	st 12 months). Children who in drug affected or had a low t	have obvious disabilities
PRIORITY 2 Children who have disabilities, but no docum will be made.	nentation of disabil	ity. After documentation is o	btained, an application
PRIORITY 3 Children who have no disabilities. An SSI app	plication will not b	e made for these children.	
If child's status changes, notify Eligibility Specialist p	per the CS-SSI-1 o	r IOC so SSI application can	be considered.
Pertinent documents attached (psyc	hological, medical	reports).	יבורי
Expected receipt date of pertinent do	ocuments, if not at	ached.	
		•	
	÷		
•			
CSW/DYS/JUV, CT. WORKER	DATE		· · · · · · · · · · · · · · · · · · ·
>	and to 1 state	AND ALL OTHER	PRIATE COURT ORDER(S) TERTINENT INFORMATION IE WHITE COPY